

Name
in
Full

David S. Arnold.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Sunnyside</i>		County <i>Barrett</i>		MARYLAND	
Date of death		1909	Month <i>July</i>	Day <i>23</i>	Age <i>81</i>	Years <i>5</i>	Months <i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Ind.</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elizabeth Martin</i>					
Father's Name <i>Wm Arnold.</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Elizabeth Sharpe</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving Information <i>P H Arnold</i>		How related to deceased <i>Son.</i>					

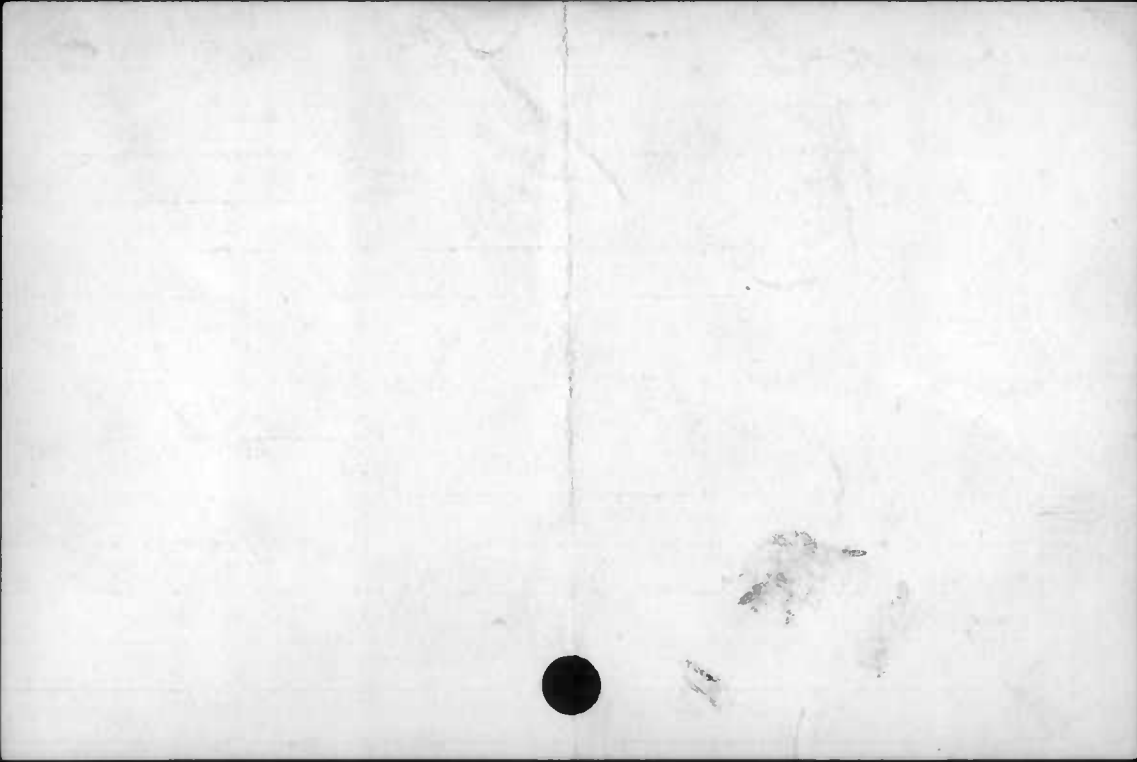
CAUSES OF DEATH

154

X

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	
Immediate	<i>Heart Failure</i>	How long	<i>Sudden.</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>Arnold A. Schen</i>	
Address		<i>Eglon W Va</i>	
Accident or Suicide?		No.	



Name
in Full

Mrs Mary Brace

CERTIFICATE OF DEATH

Died at *Oakland* ^{Town} *Barrett* ^{County}

MARYLAND

Date of death 190 ^{Month} 9 ^{Day} July 2 ^{Age} 61 ^{Years} ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *England*

Occupation *House Wife* Where Residing if not at place of death *Oakland*

Married, Single or Widowed *Married* Name of Wife or Husband *James Brace*

Father's Name *David Wheeler* Father's Birthplace *England*

Mother's Maiden Name *Fane Horsman* Mother's Birthplace *England*

Name of person giving Information *James Brace* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Phthisis Fibrosa* ^{How long} *27* ^{How long} *Two years*

Immediate *Asthma*

Are the name, age, sex, color, date and place correctly given above? ☒

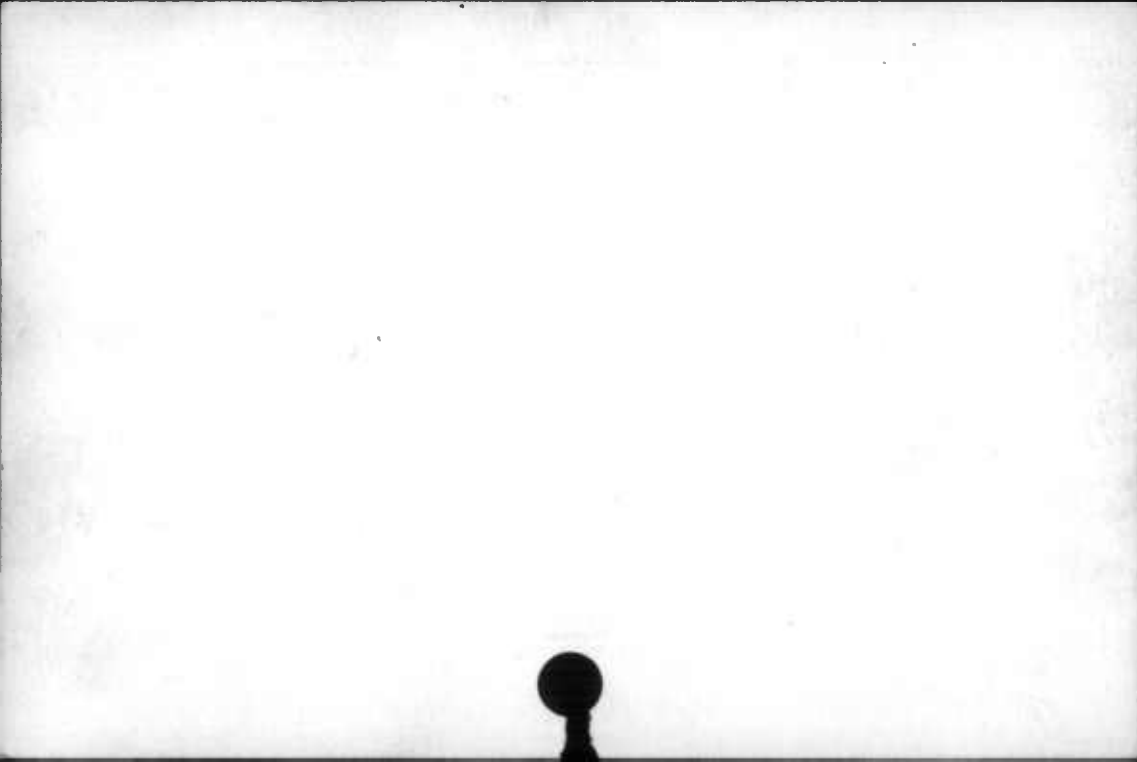
Signature of Physician *H. W. W. Lucas*

Address *Oakland, Md.*

Accident or Suicide ☒

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Danaed King Bush

CERTIFICATE OF DEATH

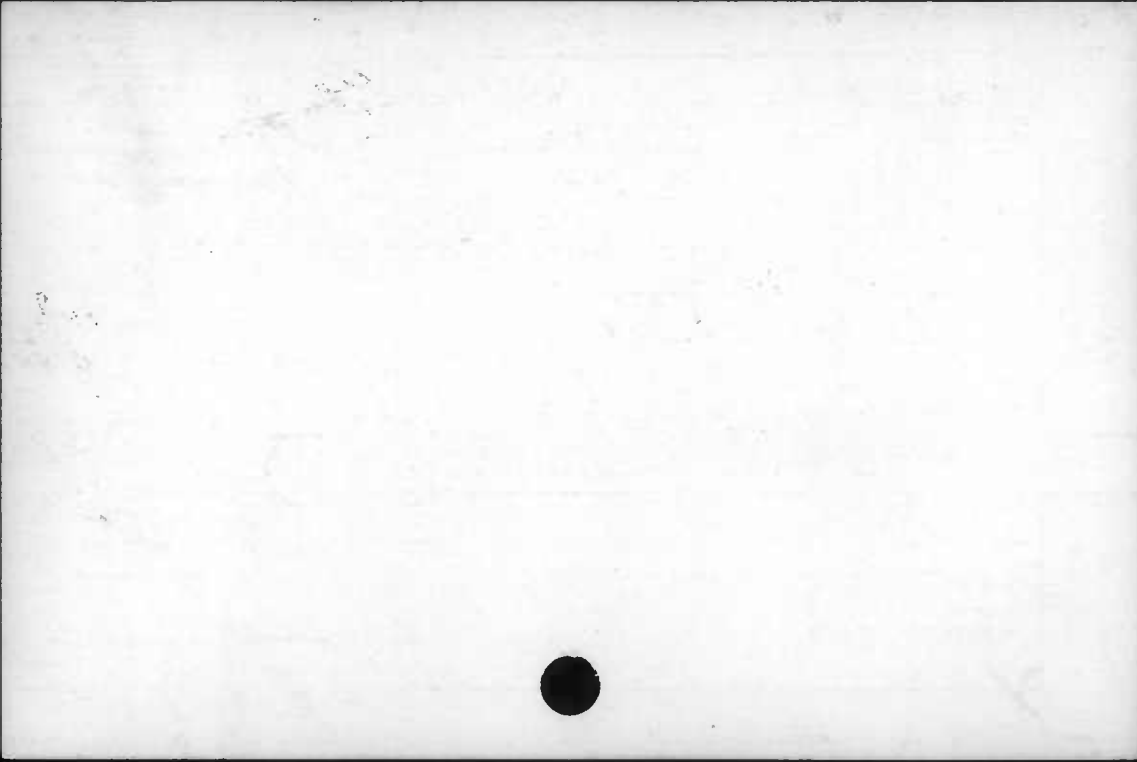
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oakland</u> ^{Town}		County <u>Yorbet</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>July</u>	Day <u>29</u>	Age <u>✓</u>	Months <u>4</u>	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Oakland Md</u>		
Occupation <u>✓</u>			Where Residing if not at place of death <u>✓</u>		
Married, Single or Widowed <u>✓</u>		Name of Wife or Husband <u>✓</u>			
Father's Name <u>Ernest Bush</u>			Father's Birthplace <u>Egle wva</u>		
Mother's Maiden Name <u>Effie King</u>			Mother's Birthplace <u>Egle wva</u>		
Name of person giving information <u>E. Bush</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Portulacous</u>	How long <u>2 weeks</u>
Immediate <u>Convulsions</u>	How long <u>8 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. C. Hinebaugh</u>
	Address <u>Oakland Md</u>
Accident or Suicide? <u>✓</u>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Arlo Cooper* Town *near Red Nose* County *Garretts Co.*

Died at *near Red Nose* Date of death *1909* Month *July* Day *19* Age *3 1/2* Years Months Days

Sex *Boy* Color or Race *white* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death *Maryland*

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Alfred Cooper* Father's Birthplace *England*

Mother's Maiden Name *Lidda H. Kitemiller* Mother's Birthplace *Maryland*

Name of person giving information *Wm. Deems* How related to deceased *Son*

CAUSES OF DEATH

176 X
How long

How long

Primary *Injuries during birth*Immediate *same.*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

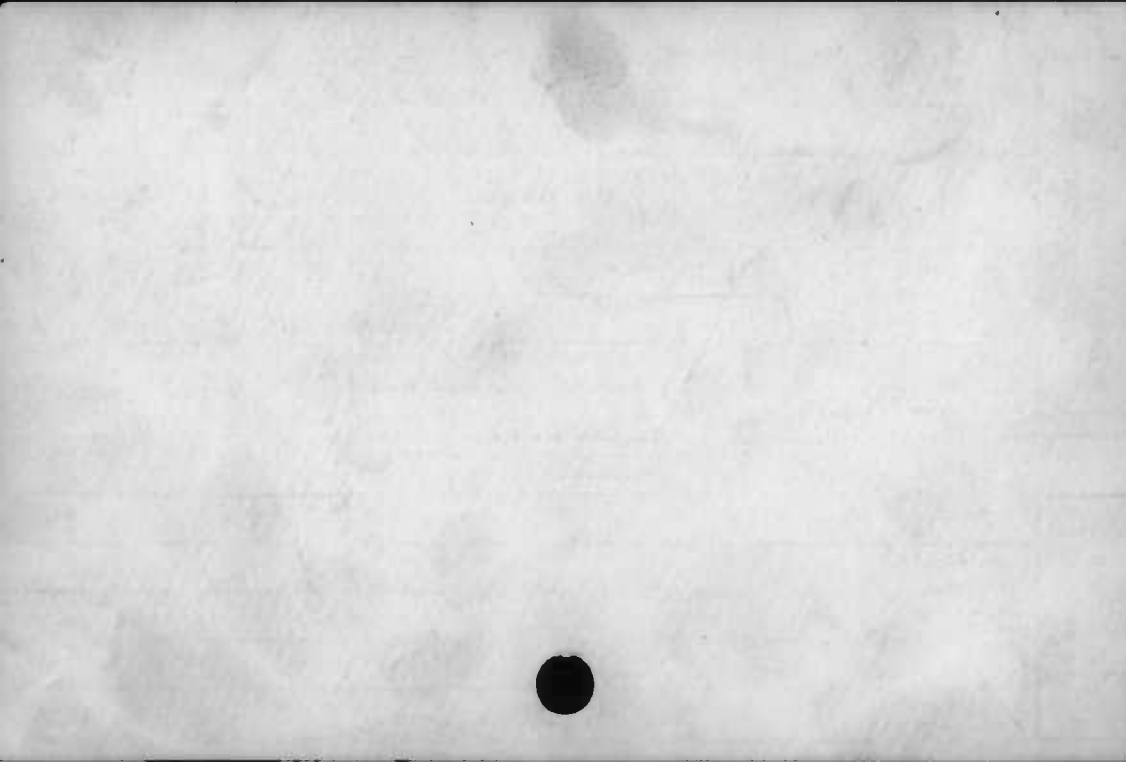
Amos A. Schen

Address

Eggleston Wm

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

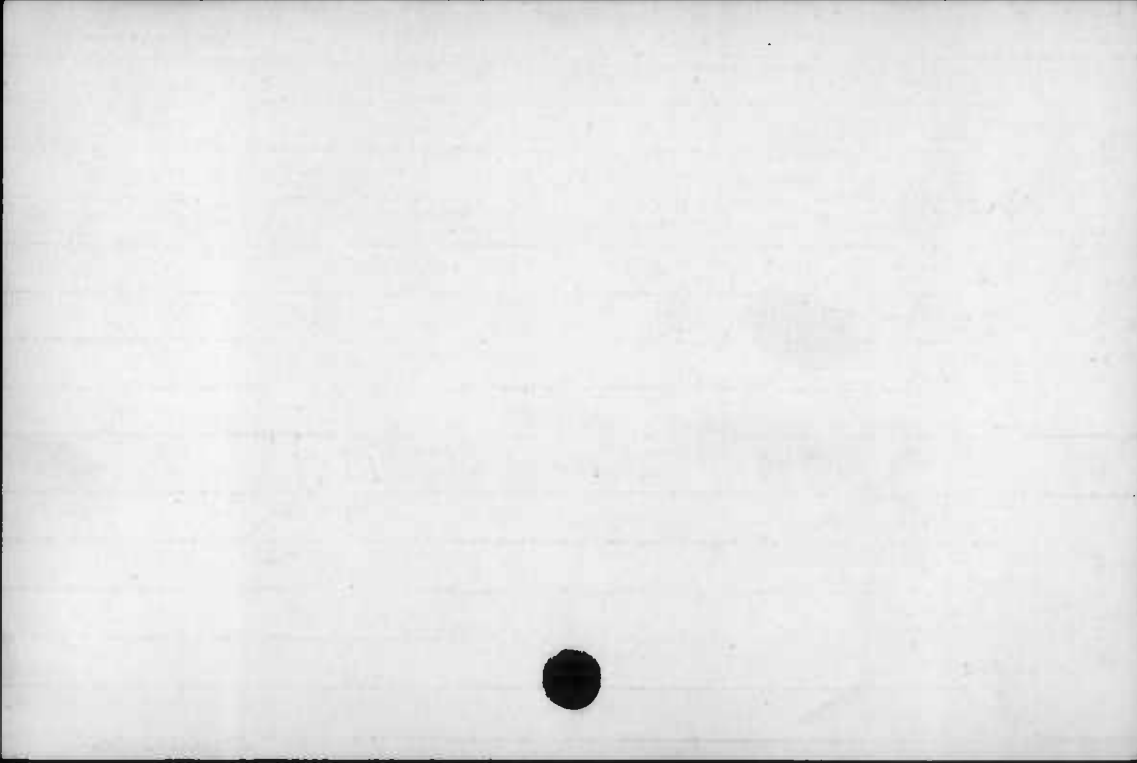
Died at <i>Swanton</i> ^{Town}		County <i>Garrett</i>		MARYLAND			
Date of death	19 <i>09</i>	Month <i>July</i>	Day <i>21</i>	Age <i>3</i>	Years <i>3</i>	Months <i>8</i>	Days <i>30</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Swanton, Ind</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband				
Father's Name <i>Joseph Davis</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Davis</i>			Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Mary Davis</i>			How related to deceased <i>Mother</i>				

CAUSES OF DEATH

(179) X

PHYSICIAN
OR CORONER

Primary	How long <i>12 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>G. S. Hamill</i>
Accident or Suicide?	<i>Registration officer for Garrett Co.</i>



Name
in
Full

Lena A. Grants



CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Kendal</i>		County <i>Garrett</i>		MARYLAND	
Date of death	1909	Month <i>July</i>	Day <i>18</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>28</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>George A. Grants</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Anna M. Bridinger</i>		Mother's Birthplace <i>md</i>					
Name of person giving information <i>George A. Grants</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inflammation of Bowels</i>	<div style="border: 1px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center;"> 105 </div>
	<i>Spasms</i>	
Immediate	<i>Spasms</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>A. J. Mason M.D.</i>
		Address <i>J. Friendsville Md.</i>
Accident or Suicide?		

Orellan W. W. W.

Name
in Full

Mrs. Ketorah Goss

CERTIFICATE OF DEATH

Died at *Cockeeland* ^{Town} *Barnett* ^{County}

MARYLAND

Date of death 190 ^{Month} *July* ^{Day} *19* Age ^{Years} *49* ^{Months} ^{Days}

Sex *Female* Color or Race *White* Birth-place *Pa*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Frank Goss*

Father's Name *Wm Cline* Father's Birthplace *Pa*

Mother's Maiden Name *Jane Askey* Mother's Birthplace *Pa*

Name of person giving Information *Frank Goss* How related to deceased *Husband*

CAUSES OF DEATH

Primary *Diabetes Mellitus* ^{How long} *Long time*
Immediate *Diabetic Coma* ^{How long} *48 hours*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

50



Name
in
Full

CERTIFICATE OF DEATH

Hazel Green

Town

County

MARYLAND

Died at *near Barton*

Garrett

Date of death 190 *9* *July*

Month

Day

6

Age

2

Months

2

Days

7

Sex *Female*

Color or Race

White

Birthplace

Garrett Co

Where Residing if not at place of death

Married, Single or Widowed

✓

Name of Wife or Husband

✓

Father's Name

John A. Green

Father's Birthplace

Garrett Co

Mother's Maiden Name

Alda Broadwater

Mother's Birthplace

Garrett Co

Name of person giving information

Arch Russel

How related to deceased

Uncle

CAUSES OF DEATH

14

X

Primary

Dysentery

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

A. A. Boncher

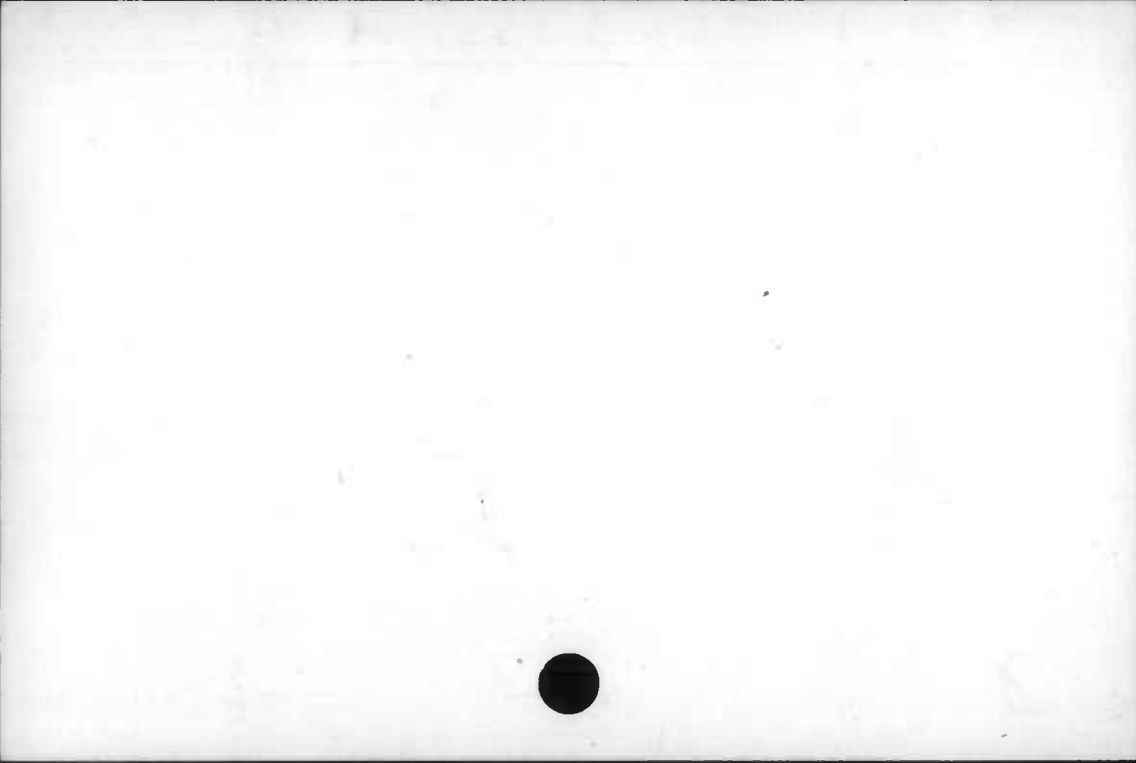
Address

Barton Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

James Jennings Hinebaugh

Town

County

MARYLAND

Died at

Dorland

Years

Months

Days

Date

of death

1909

Month

July

Day

27

Age

44

Months

5

Days

16

Sex

male

Color or
Race

white

Birth-
place

Dorland

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

William J Hinebaugh

Father's
Birthplace

Accident, Md

Mother's
Maiden Name

Mollie Martin

Mother's
Birthplace

Dorland Md

Name of person giving
information

W J Hinebaugh

How related
to deceased

Father

CAUSES OF DEATH

105

X

Primary

Enterocolitis

How long

3 weeks

Immediate

Pneumonia

How long

10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

M. C. Hinebaugh

Address

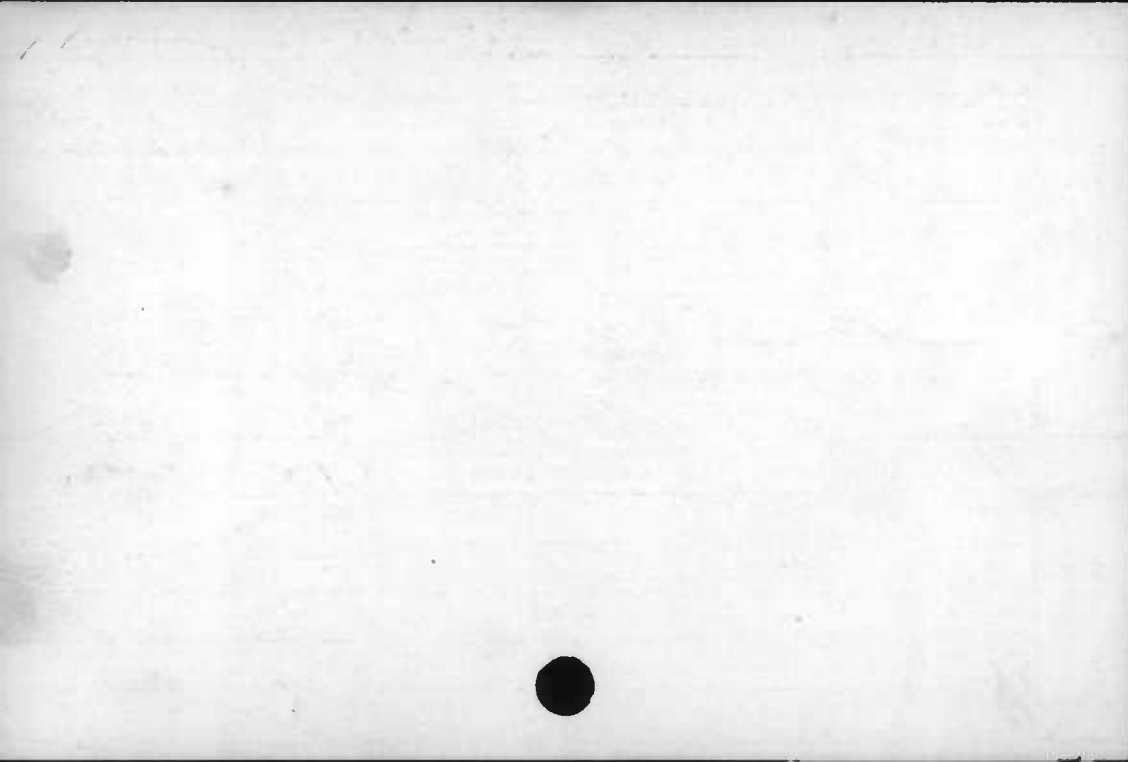
Dorland

Accident or Suicide?

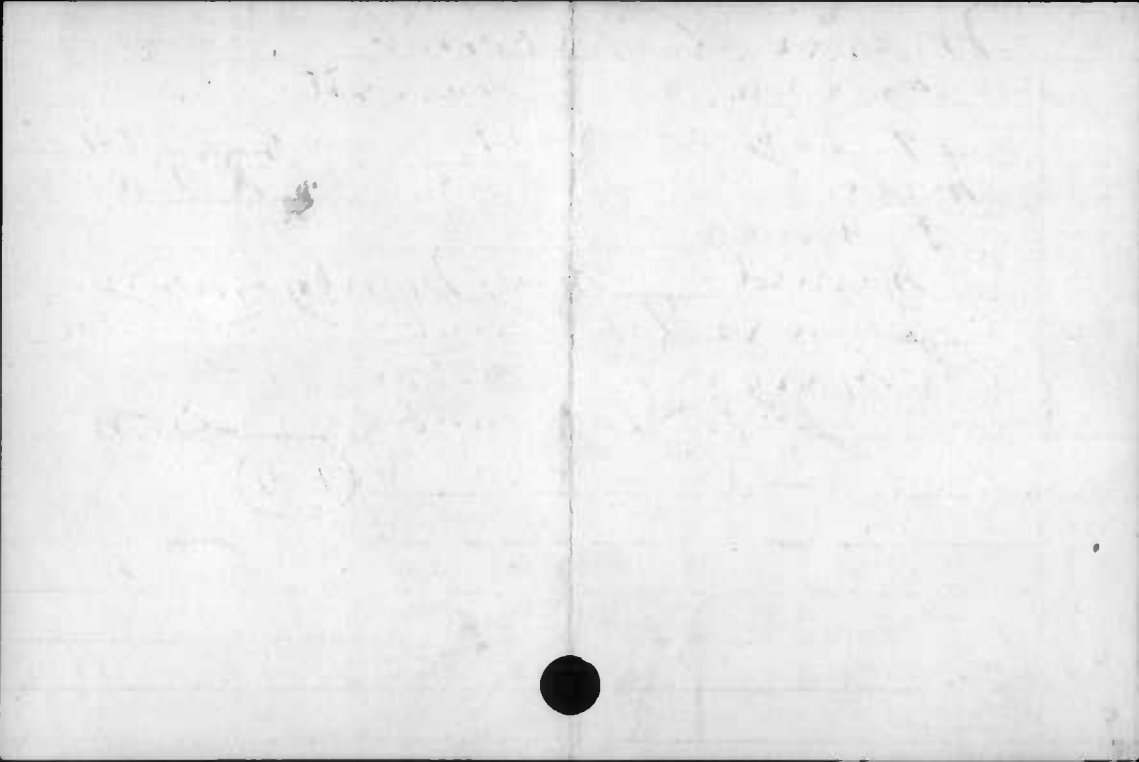
✓

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TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full Mace Lipscomb		CERTIFICATE OF DEATH	
Died at Home near Hatin ^{Town}		Garrett ^{County}	
Date of death 1909 July 28		MARYLAND	
Sex Male		Age 41	Months 5 Days 14
Color or Race White		Birthplace Wva.	
Occupation Farmer		Where Residing If not at place of death	
Married, Single or Widowed Married		Name of Wife or Husband Mary Montgomery	
Father's Name James Lipscomb		Father's Birthplace Wva.	
Mother's Maiden Name Margaret Foster		Mother's Birthplace Wva.	
Name of person giving information J. R. Lipscomb		How related to deceased Son	
CAUSES OF DEATH			
Primary Acicility		How long 154 X	
Immediate Heart Failure		How long Sudden	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Arnold A Scher	
Address Eglen		Wva	
Accident or Suicide? no			



Name
in
Full

CERTIFICATE OF DEATH

Died at

Town Deer Park

County Garrett

MARYLAND

Date

of death

1909 July

Month

Day

5

Age

Years

79

Months

9

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Pa

Occupation

Farmer

Where Residing if not
at place of death

Deer Park

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary E. Pysell

Father's
Name

John Pysell

Father's
Birthplace

—

Mother's
Maiden Name

Do not know

Mother's
Birthplace

—

Name of person giving
Information

Chas W Pysell

How related
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

2 yrs

Immediate

Asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

H. W. W. Cornes
Oakland

Accident or Suicide

✓

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TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Burt Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Bang Run		County Garrett		MARYLAND	
Date of death	1909	Month July	Day 17	Age 15	Years	Months 11	Days 28
Sex	Male		Color or Race	White		Birth- place	Maryland
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	James Welch					Father's Birthplace	Pa
Mother's Maiden Name	Lillie B Lowdermilk					Mother's Birthplace	md
Name of person giving In formation	James Welch					How related to deceased	Father

CAUSES OF DEATH

166

x

PHYSICIAN
OR CORONER

Primary	Injury Crushed on Train		How long	1 day
Immediate	Rupture of Stomach		How long	1 "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Frederickville Md.	
Accident or Suicide?				

Sing Run